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Fighting for an AIDS-free generation

Let's Talk about HIV Prevention: Options, Information, and Explanations – Made for Young People

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What exactly is HIV Prevention?

Great question! We are glad you asked. Let's start by reviewing HIV. HIV stands for human immunodeficiency virus. HIV is a virus that, if not treated, will destroy the body's immune system. HIV transmission refers to when HIV is spread from person to person. HIV transmission can happen if you come into direct contact with infected bodily fluids like semen, blood, or breastmilk. HIV transmission can happen during:

- Unprotected sex between one person living with HIV with a high level of virus in their body and another person not living with HIV
- Pregnancy, childbirth, and breastfeeding
- Sharing needles used for injecting drugs



***For people living with HIV who are consistently taking their medication and whose viral level is and has been undetectable (very low! for over 6 months) HIV will NOT be passed during sex; this is known as undetectable = untransmittable [U=U]**

HIV is NOT spread through hugging, kissing, sharing a plate, touching someone or being in the same room as someone. HIV is a completely manageable disease and it is possible to live a full, healthy, long life with HIV

HIV prevention is about empowering individuals to protect themselves and their loved ones against getting infected with HIV and to choose prevention options that work best for them in their lives at this moment.

Let's talk about options for prevention:



There are different prevention options available to protect yourself and others. These are described in the box below. In addition, decision support tools, like the [MOSAIC Journey Tool](#), are available to help people choose the best option for them.

Prevention Options	Information about the Option	How it works	Advantages	Considerations	Effectiveness
 <p>Male Condoms</p>	<p>Condoms are small, thin pouches usually made out of latex that males can put over their penis that protects against HIV, STIs, and pregnancy during sex</p>	<p>Condoms slide onto an erect penis and act as a barrier that prevents body fluids (semen) from passing from one person to another during sex</p>	<ul style="list-style-type: none"> • Easy to use • Can self-administer • Easily accessible • Protects against HIV, pregnancy, and other STIs • No side effects 	<ul style="list-style-type: none"> • Need to discuss with your partner prior to use • Protects against HIV and STIs in penetrative sex (only in the penis, vagina, anus, or oral cavity) • Needs to be used every time you have sex (<i>a condom should only be used once</i>) 	<p>90-95%¹²</p> <p><i>*if used correctly</i></p>
 <p>Oral PrEP pills (TDF/FTC)</p> <p>*PrEP = pre-exposure prophylaxis</p>	<p>Small pills that can be taken daily during a period of risk to reduce your risk of getting HIV from sex</p>	<p>The pills release a small amount of antiretroviral medication into the bloodstream, which prevents HIV from replicating and blocks its ability to infect the person</p> <p>Guidance on when to begin taking PrEP pills vary by country. If interested, talk to your provider.</p>	<ul style="list-style-type: none"> • Prevents HIV in the entire body • Can use PrEP if pregnant or breastfeeding 	<ul style="list-style-type: none"> • Needs to be prescribed by a health provider • May result in some side effects, such as nausea and headache • Does not prevent pregnancy or other STIs • Needs to be taken every day during periods of risk • Oral PrEP can be taken continuously or during certain period of weeks/ months when someone is a risk – this is called event-driven PrEP <p><i>*condoms are still important to use to prevent STIs and pregnancy</i></p>	<p>99% from sex and ≥74% from drug injection use³</p>

1 <https://www.sciencedirect.com/science/article/abs/pii/S0277953696002584?via%3Dihub>

2 <https://2012-2017.usaid.gov/sites/default/files/documents/1864/condomfactsheet.pdf>

3 <https://www.cdc.gov/hiv/risk/prep/index.html>



 <p>Dapivirine vaginal Ring (DVR)</p>	<p>A silicone ring self-placed in the vagina that reduces the risk of getting HIV</p>	<p>The silicone ring is self-inserted in the vagina and replaced after 28 days. It releases an antiretroviral medication that prevents HIV from replicating and blocks its ability to infect the person</p>	<ul style="list-style-type: none"> • Discreet • Offers protection for 28 days • Women-controlled • Minimal side effects 	<ul style="list-style-type: none"> • Minimal side effects, such as urinary tract infections (UTIs) and pelvic/abdominal pain • Does not prevent pregnancy or other STIs • Reduces but doesn't eliminate HIV risk – meant to be used as a complimentary prevention method along with other methods 	<p>31-35%^{4,5}</p>
 <p>CAB-LA long-acting injectable cabotegravir</p>	<p>Long-acting form of PrEP that involves getting an intramuscular injection</p>	<p>An injection that is given in the buttocks that releases an antiretroviral drug called cabotegravir into the bloodstream, which prevents HIV infection. The first two injections are 4 weeks apart and after that, every 8 weeks (2 months)</p>	<ul style="list-style-type: none"> • Discreet (no pills) • Highly effective • Offers protection for two months • Reduces pill burden 	<ul style="list-style-type: none"> • Minimal side effects, such as fatigue, fever, and pain/redness at the injection site • Does not prevent pregnancy or other STIs • Need to go to the facility for new injection within 7 days of the next appointment (every 8 weeks) • 3mL injection required • In the case of not being able to take or not wanting another injection – oral PrEP is required to be taken to make sure you are protected due to the long time it takes CAB-LA to fully leave the body 	<p>>90%⁶ *89% more effective when compared to oral PrEP⁷</p>

4 <https://www.nejm.org/doi/full/10.1056/NEJMoa1602046>

5 <https://www.who.int/news/item/26-01-2021-who-recommends-the-dapivirine-vaginal-ring-as-a-new-choice-for-hiv-prevention-for-women-at-substantial-risk-of-hiv-infection>

6 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(22\)00538-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00538-4/fulltext)

7 <https://www.who.int/news/item/09-11-2020-trial-results-reveal-that-long-acting-injectable-cabotegravir-as-prep-is-highly-effective-in-preventing-hiv-acquisition-in-women>

 VMMC	<p>Voluntary surgical option for males that involves removing all or some of the foreskin of a male's penis</p>	<p>Removes tissue in the penis that may decrease the risk of HIV (and other STI) transmission</p>	<ul style="list-style-type: none"> • One-time procedure 	<ul style="list-style-type: none"> • Surgical procedure • Does not prevent pregnancy or other STIs – still need to use condoms or other prevention methods 	<p>60%⁸</p>
 U=U (Treatment of partner living with HIV)	<p>Undetectable = Untransmittable; meaning achieving and maintaining an undetectable viral load (<200 copies/ml) for over 6 months. As a result, HIV cannot be transmitted via unprotected sex</p>	<p>A person living with HIV who takes their ART regularly and as per instructions, and has a sustained undetectable viral load for over 6 months, cannot transmit HIV to a sexual partner during unprotected sex</p>	<ul style="list-style-type: none"> • Sustainable • Supports disclosure among sexual partners • Protects yourself and your partner 	<ul style="list-style-type: none"> • Does not prevent pregnancy or other STIs • Medication needs to be taken daily 	

⁸ <https://www.who.int/teams/global-hiv-hepatitis-and-stis-programmes/hiv/prevention/voluntary-medical-male-circumcision>

If you are pregnant or breastfeeding, these are safe and effective available options to use to protect you and your baby:

Women living with HIV to protect her baby during pregnancy and breastfeeding	Women living with HIV to protect her baby during pregnancy and breastfeeding
<ul style="list-style-type: none"> • ART • U=U (if viral load is undetectable at <50 copies/mL and maintained) <p><i>*Please note the U=U level for pregnancy is lower than for those not pregnant (<200copies/mL) because the baby is in such close contact with the mother all the time</i></p>	<ul style="list-style-type: none"> • Oral PrEP (TDF/FTC) • DVR (PrEP Ring)- depending on country policy (currently data available from the 3rd trimester only) <p><i>*CAB-LA given during the pregnancy and breastfeeding period is still being studied at this time. To date, there have been no safety concerns reported, though due to limited data, it is also not yet recommended for use.</i></p>

Other prevention approaches to protect yourself in reducing any risk of transmission in different scenarios include:

- Not touching or being in contact with other people's blood
- Seeking post-exposure prophylaxis (PEP) if you were exposed or potentially exposed to HIV
 - Seeking care as soon as possible if you believe you were exposed to HIV is critical to prevent infection; providers can prescribe PEP, which prevents infection after exposure **but only within 72 hours or 3 days of being exposed, otherwise it is not effective**

- There are several potential situations where someone may be exposed to HIV; these include:
 - A condom breaking during sex
 - Sharing needles, syringes, or other equipment to inject drugs
 - Being sexually assaulted
- Once you are on PEP, you will need to take it daily for 28 days
- There may be some side effects associated with taking PEP
 - Nausea is the most common side effect
- The good news is that PEP is **highly** effective in preventing HIV (as long as you take it within 72 hours of possible HIV exposure and complete the 28 days)

Let's address some potential areas of confusion around some of the newer long-acting prevention methods – like rings and injectables

Potential area of confusion or questions	Clarifications & explanations
How can injectable, long-acting PrEP (CAB-LA) work effectively for so long as an injection?	<p>Both oral PrEP (the pills) and long-term injectable PrEP (CAB-LA) are safe and effective at preventing HIV. CAB-LA is an injectable form of PrEP based on a drug called cabotegravir, and it can last for 2 months in the body after injection. Cabotegravir is an antiretroviral medication in a group of drugs called integrase inhibitors that work by reducing the amount of HIV in someone's blood if infected or, in this case, preventing infection with HIV. (Dolutegravir is another type of integrase inhibitor used to treat HIV.)</p> <p>The injection of cabotegravir is meant to be given every two months. Scientific studies show that this injection form of PrEP is extremely effective (currently the most effective method we have) and reduces the burden of having to take pills daily.</p>
Does cabotegravir itself or the long-acting version (CAB-LA) have any side effects that are different from oral PrEP?	<p>Getting a cabotegravir injection could cause some side effects including headaches, nausea, anxiety, and trouble sleeping. The most commonly cited side effects are pain, swelling, and redness around the injection site. People who have received CAB-LA in research studies report that it was well-tolerated.</p> <p>If you experience any rash, fever, feeling sad or hopeless, yellowing of the skin or eyes, vomiting, trouble breathing, or stomach pain, it's important to reach out to your health provider <i>immediately</i>.</p>

<p>Will the injectable, long-acting PrEP (CAB-LA) affect family planning?</p>	<p>There is no evidence to suggest that PrEP – oral or injectable – will impact your fertility, for girls or boys. Using family planning methods (condoms, birth control pills, IUD, etc.) will also not impact PrEP effectiveness.</p>
<p>Will I or my partner feel the PrEP ring during sex?</p>	<p>Most people who use the ring – both the girls and their male partners – say they don't feel the ring during sex. You should keep the ring in during sex. It will also not affect pleasure during sex.</p>
<p>How long after the first injection of CAB-LA are you protected?</p>	<p>Scientific evidence suggests that most people are protected 7 days after the first injection. But even after the first day of the injection, the level of protection in people's blood have increased.</p>
<p>What happens if someone skips an injection of CAB-LA?</p>	<p>If you know you will miss an injection within a 7-day period of the scheduled injection time – <i>let your provider know!</i></p> <p>It is recommended that someone who will miss or decides to stop getting injections be automatically switched to oral PrEP pills. This is in order to make sure there is continued protection for the person, as after the 7-day missed period the level of protection in the body may not be sufficient to ensure full protection, thus the need for the initiation on oral PrEP for a period of time. Country guidance is still being determined; however, the need for continued protection is widely recognized.</p>
<p>If I try the CAB-LA and don't like it, how would I transition to the oral PrEP pills again?</p>	<p>You should let your provider know if you decide not to continue with the injectable PrEP. Your provider would then have you start taking oral PrEP pills 7 days before your next scheduled injection to keep you protected.</p>
<p>What if I get Hepatitis B or TB while on CAB-LA?</p>	<p>Unlike oral PrEP (TDF), which is also widely used to treat chronic Hepatitis B (HBV), CAB-LA is not able to treat HBV. Individuals who test positive for HBV must be given TDF in addition to CAB-LA, if they are eligible.</p> <p>People on TB treatment cannot receive CAB and need to be switched to alternative PrEP during TB treatment.</p>
<p>Do CAB-LA and the DVR (the vaginal PrEP ring) protect against other STIs?</p>	<p>NO! CAB-LA and the DVR (PrEP Ring) only protect against HIV. They do not protect against other STIs or pregnancy.</p> <p>It is still important to use condoms to protect yourself against both STIs and unintended pregnancy, even while taking any type of PrEP option.</p>

<p>How long after you stop taking a long-acting prevention method (CAB-LA or the DVR) is unprotected sex safe?</p>	<p>This is a really important point! You should use condoms or oral PrEP for <i>12 months after stopping CAB-LA</i>.</p> <p>This is because even though CAB-LA will stay in your body at low levels, these levels are not enough to protect against HIV infection and will remain for about 12 months after you stop getting injections.</p> <p>It is sometimes said that CAB-LA has a “long tail.” This means that the drug will stay in your body for a long time after you stop taking it (unlike oral PrEP). This is important to know because the levels that stay in your body are not enough to protect you from HIV but may increase your risk of developing antiretroviral drug resistance if you are exposed to HIV and begin antiretroviral therapy (ART) during this time. That is why you should continue to use condoms and oral PrEP for 12 months after discontinuing CAB-LA.</p>
<p>Does everyone have access to CAB-LA if they want it?</p>	<p>Not yet. CAB-LA is in the process of being approved for use across different countries and increased production to meet the need is also underway.</p>
<p>Can pregnant girls get CAB-LA?</p>	<p>More research is being done to understand this more completely. As of now, studies show no adverse effects of taking CAB-LA while pregnant. However, as of right now, there is limited safety data on taking CAB-LA while pregnant and breastfeeding, but studies are underway to collect sufficient evidence over the next year or two. Usually, pregnant and breast-feeding women may take CAB-LA if they want, after informed counseling and decision support, to consider the risk and benefits and best option for the individual.</p>

How to decide what’s right for you: some questions you can ask yourself

The decision on what kind of prevention option you would like to use should be made by you and you alone. It is important you have all the correct information about the methods and to assess other factors that may be important to consider for yourself. At the health facility they will also confirm your HIV negative status before discussing prevention options available.

Some questions you can think about when making this decision:

1. What is my current situation?

- a. Am I in a relationship?
- b. Do I know my partner's status if I am in a relationship?
- c. Do I need protection for a short while or longer term?
- d. Am I far from a facility? How often does it make sense for me to go? Am I in school?

2. What's important to me?

- a. Do I prefer taking something I have control over – like daily pills or bi-monthly injections?
- b. Do I prefer something more discreet?
- c. Do I find it difficult to take oral or daily tablets?
- d. Are there any side effects I would want to discuss more with a provider before making a decision?
- e. Do I only want to protect myself against HIV or do I also want protection against other STIs and unwanted pregnancy?

An example of Amara and how she made her decision

Amara is 21 years old and just started dating Ekon, who is 27 years old. Things have been going well, and last week Ekon sat down with Amara and explained he is living with HIV but has been virally suppressed for the past five years. Amara does not have HIV. Ekon explained the concept of U=U to Amara as he has been undetectable for several years and won't transmit the virus. They talked about how they can keep each other safe during sex, and Amara decided to talk to a provider about prevention options in addition to U=U.

During Amara's consultation, her provider reviewed the different options and considerations and asked her which option she would prefer. Amara takes a minute to think about what makes sense for her and her current situation:

As a student at university, she doesn't have a lot of time to go to the facility often and is not very good at remembering to take medication regularly

She has had injections before - she is not a big fan, but if it's every two months thinks it would be worth it

She wants something that she won't need to insert herself - as she wouldn't be comfortable doing that

She sees her relationships with Ekon being long term and concludes that she wants to proceed with CAB-LA